

Arizona Department of Health Services

Division of Behavioral Health Services

PROVIDER MANUAL

Section 3.3 **Referral Process**

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3.3.1 **Introduction**

The referral process serves as the principal pathway by which persons are able to gain prompt access to publicly supported behavioral health services. It is critical that the referral process is efficient, engaging and welcoming to the person and/or family member seeking services, and leads to the provision of timely and appropriate behavioral health services based on the urgency of the situation.

3.3.2 **References**

The following citations can serve as additional resources for this content area:

- [AHCCCS/ADHS Contract](#)
- [ADHS/T/RBHA Contract](#)
- [Service Prioritization Section](#)
- [Disclosure of Behavioral Health Information Section](#)
- [Appointment Standards and Timeliness of Service Section](#)
- [Outreach, Engagement, Re-engagement and Closure Section](#)
- [SMI Eligibility Determination Section](#)
- [Accessing and Interpreting Eligibility and Enrollment Information and Screening and Applying for AHCCCS Health Insurance Section](#)
- [Special Populations Section](#)
- [Substance Abuse Prevention and Treatment \(SAPT\) Performance Partnership Block Grant](#)

3.3.3 **Scope**

To whom does this apply?

All Title XIX and Title XXI eligible persons;

Non-Title XIX persons referred for an eligibility determination for serious mental illness (SMI);
and

All other persons based on available funding and requirements described in [Section 3.21](#)
[Service Prioritization for Non-Title XIX/XXI Funding](#).

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3.3.4 Did you know...?

The RBHA is responsible for managing referrals and wait lists for non-Title XIX/XXI persons in accordance with the SAPT Block Grant for identified priority populations when behavioral health services are temporarily unavailable. If the T/RBHA network is unable to provide medically necessary services to Title XIX/XXI persons it shall ensure timely and adequate coverage of needed services through an out-of-network provider until a network provider is contracted.

3.3.5 Definitions

[Referral for behavioral health services](#)

3.3.6 Objectives

In order to facilitate a person's access to behavioral health services in a timely manner, the T/RBHAs and providers will maintain an effective process for the referral for behavioral health services which includes:

- Communicating to potential referral sources the process for making referrals (e.g., centralized intake at T/RBHA, identification of providers accepting referrals).
(T/RBHA insert specific here)
- Collecting enough basic information about the person to determine the urgency of the situation and subsequently scheduling the initial assessment within the required timeframes and with an appropriate provider.
- Adopting a welcoming and engaging manner with the person and/or person's legal guardian/family member.
- Keeping information or documents gathered in the referral process confidential and protected in accordance with applicable federal and state statutes, regulations and policies; and
- Informing, as appropriate, the referral source about the final disposition of the referral.

3.3.7 Procedures

3.3.7-A. Where to send referrals

Provider Directories. In situations in which the T/RBHA does not have a single centralized intake process, provider directories will be developed and distributed by the T/RBHA to the AHCCCS Health Plans, DES/Division of Developmental Disabilities District Program Administrators and, upon request, to other referral sources. These directories will indicate which providers are accepting referrals and conducting initial assessments. It is important for providers to promptly notify the T/RBHA of any changes that would impact the accuracy of the provider directory (e.g., change in telephone or fax number, no longer accepting referrals).
[T/RBHA insert specific language here]

3.3.7-B. Referrals initiated by DES/DCYF pending the removal of a child

Upon notification from DES/DCYF that a child has been, or will imminently be, taken into the custody of DES/DCYF (which includes Child Protective Services), behavioral health providers are expected to respond in an urgent manner (see [Section 3.2, Appointment Standards and Timeliness of Service](#)). The behavioral health provider and DES/DCYF must coordinate a response based on the best interests of the child.

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3.3.7-C. Accepting referrals

T/RBHAs or their providers are required to accept referrals for behavioral health services 24 hours a day, 7 days a week. Referral sources shall be requested to provide in writing or orally the following information:

- Date and time of referral;
- Information about the referral source including name, telephone number, fax number, affiliated agency, and relationship with the person being referred;
- Name of person being referred, address, telephone number, gender, age, date of birth and, when applicable, name and telephone number of parent or legal guardian;
- Whether or not the person, parent or legal guardian is aware of the referral;
- Special needs for assistance due to impaired mobility, visual/hearing impairments or cognitive impairment;
- Accommodations due to cultural uniqueness and/or the need for interpreter services;
- Information regarding payment source (i.e., AHCCCS, private insurance, Medicare or self pay) including the name of the AHCCCS health plan or insurance company;
- Name, telephone number and facsimile number of AHCCCS primary care provider (PCP) or other PCP as applicable;
- Reason for referral including identification of any potential risk factors such as recent hospitalization, evidence of suicidal or homicidal thoughts, pregnancy, and current supply of prescribed psychotropic medications; and
- The names and telephone numbers of individuals the member, parent or guardian may wish to invite to the initial appointment with the referred person.

Don't Delay...Act on a referral regardless of how much information you have. While the information listed above will facilitate evaluating the urgency and type of practitioner the person may need to see, timely triage and processing of referrals must not be delayed because of missing or incomplete information.

When psychotropic medications are a part of an enrolled person's treatment or have been identified as a need by the referral source, please respond as outlined in [Section 3.2, Appointment Standards and Timeliness of Service](#).

For the convenience of referral sources (e.g., AHCCCS health plans and AHCCCS primary care providers, state agencies, hospitals) ADHS/DBHS has developed the [ADHS/DBHS Referral for Behavioral Health Services Form \(PM Form 3.3.1\)](#). The T/RBHAs and providers must make this form available to their key referral sources. Referral sources, however, may use any other written format or they may contact the T/RBHAs and providers orally (e.g., telephone). In situations in which the person seeking services or his/her family member, legal guardian or significant other contacts the T/RBHA or provider directly about accessing behavioral health services, the T/RBHA or provider shall ensure that the protocol used to obtain the necessary information about the person seeking services is engaging and welcoming.

When an SMI eligibility determination is being requested as part of the referral or by the person directly, the T/RBHAs and providers must conduct an eligibility determination for SMI in accordance with [Section 3.10, SMI Eligibility Determination](#).

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3.3.7-D. Responding to referrals

Follow-Up. When a request for behavioral health services is initiated but the person does not appear for the initial appointment, the T/RBHA or provider must attempt to contact the person and implement engagement activities consistent with [Section 3.8, Outreach, Engagement, Re-engagement and Closure](#).

Final Dispositions. Within 30 days of receiving the initial assessment, or if the person declines behavioral health services, within 30 days of the initial request for behavioral health services, the T/RBHA or provider must notify the following referral sources of the final disposition:

- AHCCCS health plans;
- AHCCCS PCPs;
- Arizona Department of Economic Security/Division of Children, Youth and Families (specifically Child Protective Services and adoption subsidy);
- Arizona Department of Economic Security/Division of Developmental Disabilities;
- Arizona Department of Corrections;
- Arizona Department of Juvenile Corrections;
- Administrative Offices of the Court;
- Corrections Officer/Offender Liaison (COOL) Program;
- Arizona Department of Economic Security/Rehabilitation Services Administration; and
- Arizona Department of Education and affiliated school districts.

The final disposition must include 1) the date the person was seen for the initial assessment; and 2) the name and contact information of the provider who will assume primary responsibility for the person's behavioral health care or 3) if no services will be provided, the reason why. When required, authorization to release information shall be obtained prior to communicating the final disposition to the referral sources referenced above. (See [Section 4.1, Disclosure of Behavioral Health Information](#)).

Corrections Officer/Offender Liaison (COOL) Program

This program only applies to RBHAs, not Tribal RBHAs. The COOL program has been established to serve the behavioral health service needs of high-risk offenders on parole from the Arizona Department of Corrections. Behavioral health providers processing referrals through this program must provide written notice to parole officers within 24 hours of acceptance or rejection of the initial request for services. If accepted, the parole officer must also be provided with the name of the behavioral health provider that will be rendering treatment to the referred person.

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3.3.7-E. Documenting and tracking referrals

The T/RBHA or subcontracted provider shall document and track all referrals for behavioral health services including, at a minimum, the following information:

- Person's name and AHCCCS identification number;
- Name and affiliation of referral source;
- Date of birth;
- Type of referral (immediate, urgent, routine) as defined in ADHS/DBHS [Section 3.2. Appointment Standards and Timeliness of Service](#)
- Date and time the referral was received;
- If applicable, date and location of first available appointment and, if different, date and location of actual scheduled appointment; and
- Final disposition of the referral.

3.3.7-F. Eligibility screening & supporting documentation

Supporting Documentation

Persons who are not already AHCCCS eligible must be asked to bring supporting documentation to the screening interview to assist the behavioral health provider in identifying if the person could be AHCCCS eligible (See [Section 3.1, Accessing and Interpreting Eligibility and Enrollment Information and Screening and Applying for AHCCCS Health Insurance](#)).

Explain to the person that the supporting documentation will only be used for the purpose of assisting the person in applying for AHCCCS health care benefits. Let the person know that AHCCCS health care benefits may help pay for behavioral health services. Ask the person to bring the following supporting documentation to the screening interview:

- Verification of gross family income for the last month and current month (e.g., pay check stubs, social security award letter, retirement pension letter);
- Social security numbers for all family members (social security cards if available);
- For those who have other health insurance, bring the corresponding health insurance card (e.g., Medicare card);
- For those not born in the United States, citizenship or immigration documents; and
- For those who pay for dependent care (e.g., adult or child daycare), proof of the amount paid for the dependent care.